Case Number: _____

CITY OF MIDLAND
Planning Division

APPLICATION TO CHANGE ZONING CLASSIFICATION

_____
Applicant Name   (Phone/e-mail)
_____
Address   Zip Code

_____
Property Owner Name   (Phone/e-mail)
_____
Address   Zip Code

_____
Representative Name   (Phone/e-mail)
_____
Address   Zip Code

Street address and Legal Description of property (complete Lot, Block, and Subdivision Name or if unplatted, attach a Metes and Bounds description with surveyor's seal). Each district must be described separately. _____
_____
_____
_____

PRESENT ZONE: _____ REQUESTED ZONE: _____
(List by tracts if more than one district is requested)

Reason for Zone Change Request: _____
_____
_____

Present Use of Property: _____
_____

Proposed Use of Property: _____
_____

How will zone change affect the public health, safety and welfare? _____
_____

Describe how conditions affecting the property have changed since present zoning designation:
_____
_____

Is a Specific Use Permit with Term for alcoholic beverages sales needed? ____ Yes ____No

APPLICATION FEES:
- Single, standard zone change: **$400**. Multiple, standard zone change: add **$100** per additional district.
- Single PD, Planned District zone change: **$550**. Multiple PD proposal: add **$100** per district.
- If a Traffic Impact Analysis is required, a fee of up to $500.00 will be assessed.

SITE PLAN SUBMITTALS *(if applicable)***:**

16 copies (FOLDED) of the PD site plan: _____

Site Plan in digital format .pdf and .jpg: _____

SIGNATURE *(by property owner only - authorized agent must sign affidavit below)*

Property Owner (signature): _____ Date: _____

If an Agent is authorized by the property owner to file and execute the application on behalf of the property owner, the Agent must complete the affidavit below.

STATE of TEXAS
COUNTY OF MIDLAND

Before me, the undersigned authority, on this day personally appeared
_____ who, being by me duly sworn, upon oath says: That (s)he is
authorized by _____, the owner of the above described property, to fully
represent him/her in this application and that (s)he had the legal right, power and authority to sign said
owner's name hereto as his/her attorney in fact.

_____

Authorized Agent (signature)

Subscribed and sworn to before me, this _____ day of _____, 20 ___, to certify which
witness my hand and seal of office.

_____

NOTARY PUBLIC, MIDLAND COUNTY, TEXAS

Application will not be considered for scheduling until reviewed by a planner.